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June 11, 2007

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: David E. Janssen
Chief Administrative Officer

**BOARD MOTION REGARDING ESTABLISHMENT OF A COMMUNITY-SPECIFIC
PREVENTION PROGRAM IN LOS ANGELES COUNTY - STATUS REPORT**

The purpose of this memorandum is to provide a status report to your Board regarding efforts to-date in response to the March 14, 2006 motion by Supervisors Knabe and Yaroslavsky. As approved by your Board, the motion instructs the Chief Administrative Office (CAO), in partnership with the Children's Planning Council (CPC), the Commission for Children and Family Services (Commission), Inter-Agency Council on Child Abuse and Neglect (ICAN), and the New Directions Task Force (NDTF) to submit a plan that identifies what is required to fund, organize, test, implement, contract for, and administer a community-specific prevention program in Los Angeles County, including a pilot and implementation timeframe. The motion was in response to a report on preventing child maltreatment jointly prepared by the Commission and the Department of Children and Family Services (DCFS).

To date, five status reports on collaborative efforts to create a shared vision and set a strategic direction for establishing a community-specific child maltreatment prevention system in Los Angeles County that integrates and enhances the many County programs and resources that promote healthier communities, stronger families, and thriving children have been issued to your Board: July 17, August 17, and September 27, 2006, and January 8, and February 28, 2007.

As reported in the February 28, 2007 status report, our multi-agency and interdepartmental research and program development efforts have resulted in the determination that to achieve a community-specific program that strengthens families so that child maltreatment is effectively avoided in Los Angeles County requires a strong partnership between the various elements of a community – residents, civic leaders, faith-based organizations, the business sector, community-based service providers, and public institutions including schools, cities, if the community is within a city, and the County. The partnership needs to be grounded in the interests and needs of the community as expressed by the community residents – parents, children, and youth. The institutional role needs to be customized to the greatest extent possible to bend, blend, and integrate public resources and services to effectively address the interests and needs expressed by the community.

To achieve this program mission, the following elements have been developed as the structural components of the community-based “child maltreatment prevention” program:

1. A broad interdepartmental County initiative entitled *Healthier Communities, Stronger Families, and Thriving Children (HST)* implemented in select demonstration communities. The key element of *HST* is partnering with community residents, leaders, and other public institutions to improve the quality of life for children and families in order to effectively minimize the risk of child maltreatment; and,
2. A corollary DCFS demonstration project that uses fund balance from Fiscal Year (FY) 2005-06 to provide enhanced prevention and family support services to families that are known to DCFS as being at-risk of child maltreatment. This Project would implement a series of strategies that focus on providing an effective infrastructure to assist at-risk families including strengthening community-based social networks through community engagement and organizing processes based on a philosophy of *Asset Based Community Development*; promoting family economic success; and, organizing/maintaining a coordinated continuum of community-based services, supports, activities, and resources.

Healthier Communities, Stronger Families, and Thriving Children (HST)

On May 8, 2007, the County's NDTF approved *HST*: a partnership between *existing* community-based networks and *interdepartmental* County Teams for improving outcomes for children and families, and reducing the risk of child maltreatment, through a combination of integrated services/resources, and a community building approach that increases community leadership skills to take collective action and improve the conditions of their communities.

With the participation by First 5 LA and Casey Family Programs, *HST* has been developed by the County's Interagency Operations Group (IOG), which includes the CAO, CPC, and DCFS. *HST* builds on the collective experiences/lessons learned over the past ten years through the implementation of County prevention, service integration, and community building initiatives including for example CPC's Children's Scorecards, the Long-Term Family Self-Sufficiency project, the Service Integration Action Plan including Customer Service and Satisfaction Standards, establishment and support for the eight Service Planning Area (SPA) Councils and American Indian Children's (AIC) Council, the 2005-06 Community Forums, implementation of the *Linkages* service integration model by DCFS and the Department of Public Social Services for families in the child welfare system and CalWORKs, the Children and Families Budget, and the Homeless Prevention Initiative.

As an integrated partnership with community resources, *HST* will work in tandem with the DCFS child maltreatment *Prevention Initiative Demonstration Project* in selected demonstration communities; and will extend beyond that project by delving deep into the demonstration communities through having community residents articulate their needs and partner with institutions and community organizations in determining how those needs may be best addressed. In addition to health and human service departments, County community service and public safety departments will be involved as will other institutional partners including school districts and cities.

It is proposed that the implementation of *HST* initially begin in four geographic sites selected based on a combination of socio-economic indicators of need and varying levels of "readiness." *HST* activities will be managed by a *Community Action Team* made up of a network of community residents, leaders, and institutions, and a *Core Team* of County department representatives *with direct authority* over their departments' services and resources in the demonstration communities. Evaluation and Continuous Quality Improvement tools will be incorporated at the onset of community action plan development/implementation activities, and will be used to measure progress and identify promising practices for replication in future expansion communities.

Please refer to Attachments I to IV for additional details regarding the proposed *HST* demonstration communities and *Community Action Team* administrative structure, shared community-County outcomes, indicators, and strategies, suggested methodologies for capturing suggested indicators; and, a graphical representation of community demographics, resources, and services *HST* communities.

The following is a summary outline of the composition, roles, and charge of the *HST Community Action Teams*:

1. *Community Action Teams, will:*

- a. Build on existing collaboratives that include: grassroots organizations, resident/parent/youth/volunteer networks, Service Planning Area Councils/American Indian Children's Council, County Board Offices, cities, schools (especially Healthy Starts), faith/civic/community-based organizations, First 5 LA, Casey Family Programs, other philanthropic efforts, businesses, the private sector, institutions of higher learning, etc.;
- b. Include a *Core Team* of County department/agency representatives with direct authority over their departments' services/resources in demonstration communities (e.g., DCFS Regional Administrators, Department of Mental Health District Chiefs, Department of Public Social Services District Directors, Probation Department Directors, equivalent Department of Health Services and Department of Public Health representatives, etc.). Unincorporated areas will require expanded County representation (e.g., Community Development Commission, Public Libraries, Department of Parks and Recreation, Department of Public Works, etc.); and,
- c. Require *Core Team* members to serve as direct conduits between customers and the County's service system.

2. *Community Action Teams are charged with:*

- a. Either enhancing existing or developing a new *shared* Community Action Plan that: responds to community concerns/priorities; and describes means to integrate community, County and other institutional services and resources to address concerns/priorities;
- b. Jointly implementing, monitoring, and evaluating Community Action Plan related actions/activities;
- c. Creating opportunities for community members to enhance their leadership skills, take collective action, and effectively using community assets/resources to improve their communities; and,

- d. Identifying/referring systemic policy, regulatory, operational/contractual constraints to service integration and community building efforts to the County's IOG, and NDTF for resolution.

My office will continue to work with the NDTF, IOG, First 5 LA, Casey Family Programs, and other County partners and stakeholders to flesh out the details related to the funding and staffing needed to support *HST* implementation over a five to six year period. We expect to return to your Board in September with these details for your consideration.

DCFS Prevention Update

The DCFS has accomplished the following goals towards meeting its part in the County charge to establish a community-specific prevention program in Los Angeles County:

- Former Regional Administrator Harvey Kawasaki of DCFS' Torrance Office was selected to head the Department's newly created Community-Based Support Services Division and to lead the Department's prevention charge. As Division Chief, Mr. Kawasaki reported to his new assignment on April 2, 2007, and has under his direct management the following units: Family Preservation and Alternative Response Services, Family Support, Child Care, Victims of Crime, Mentoring and Education.
- On May 21, 2007, DCFS released a Request for Information (RFI) to spend \$5 million from a fund balance from FY 2005-06 to implement its "Prevention Initiative Demonstration Project." Previously referred to as Phase I, the "Prevention Initiative Demonstration Project" now aligns under the *HST* program and proposes to identify experienced lead network agencies in each of the eight SPAs to create a comprehensive, strength-based child abuse and neglect prevention system in Los Angeles County. The Project requires identified qualified agencies to work in direct partnership with families and communities, the public and private sector, across systems and agencies, the faith-based community and all related county departments to implement strategies to achieve outcomes in primary, secondary, and tertiary prevention. A key element of the RFI is the requirement of lead agencies to subcontract 35 percent of its funded dollars to community partners. The projected start date of the Project is August 2007.

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- Case Family Programs has agreed to lead a collaborative of key Los Angeles County partners (including the CAO's Service Integration Branch, CPC, Children and Families Research Consortium, and First 5 LA) to work together to develop the evaluation component of the Project. Efforts will be made to align the DCFS evaluation component with the broader community based, interdepartmental *HST* effort. The goal of the collaborative is to complete the evaluation tool by the end of July 2007.

If you have any questions or need any additional information, please contact me, or your staff may contact Lari Sheehan of my staff at (213) 893-2477, or via e-mail at lsheehan@cao.lacounty.gov.

DEJ:LS
CP:os

Attachments (4)

- c: Executive Officer, Board of Supervisors
County Counsel
Department of Children and Family Services
New Directions Task Force Members
Children's Planning Council
Commission for Children and Family Services
Inter-Agency Council on Child Abuse and Neglect

ATTACHMENT I

HEALTHIER COMMUNITIES, STRONGER FAMILIES, AND THRIVING CHILDREN (HST)

An *interdepartmental* County partnership with existing community collaboratives, leaders, and resources
Outline of Community Action Teams, County Roles, and Resources

last Shared 07/2007 11:41 AM

BOARD OF SUPERVISORS

New Directions Task Force (NDTF)

Serves as the Board of Supervisor's Health and Human Services Cabinet

1. Provides *interdepartmental* leadership/policy direction, regarding service integration, leveraged funding, and maximized resources/activities that supports implementation of Community Action Plans; and,
2. Makes recommendations to the BOS regarding resolution of systemic policy, regulatory, operational, and contractual constraints to Plan implementation.

Interagency Operations Group (IOG)

- On behalf of NDTF, serves as the County's senior interdepartmental oversight body for the Community Action Teams*
1. Resolves County systemic operational barriers referred by the Community Action Teams; and,
 2. Recommends to NDTF options for integrating services, leveraging funding, maximizing resources/opportunities & removing systemic barriers requiring NDTF/BOS action

Chief Administrative Office-Service Integration Branch

Provides centralized leadership, coordination, and support to Community Action Teams

- Assign/hire 1 FTE County HST manager & hire 1 FTE Senior Organizer
 Training (train-the trainer); and, (3) Community building technical assistance
- Identify funding for Community Action Team implementation efforts for: (1) Evaluation/Continuous Quality Improvement; (2) Facilitation
1. Serves as a "communication hub" for Community Action Teams, NDTF, and IOG;
 2. Coordinates/expedites Countywide service integration efforts, "barrier busting," and policy related activities for the IOG and NDTF;
 3. Provides periodic reports to the Board of Supervisors regarding the status of implementation efforts; and,
 4. Ensures resident involvement in County discussions and decision-making processes.

Wilmington (SPA 8, SD# 4)

- Provide funding to support efforts related to:
- > Community organizing/communitybuilding
 - > Community Action Plan implementation
 - > Community involvement (e.g. day care, etc.)

Florence-Firestone (SPAs 6 & 7, SDs# 1&2)

- Provide funding to support efforts related to:
- > Community organizing/communitybuilding
 - > Community Action Plan implementation
 - > Community involvement (e.g. day care, etc.)

Pacoima SPA 2 (SD#3)

- Provide funding support efforts related to:
- > Community organizing/communitybuilding
 - > Community Action Plan implementation
 - > Community involvement (e.g. day care, etc.)

Palmdale SPA 1 (SD#5)

- Provide funding to support efforts related to:
- > Community organizing/communitybuilding
 - > Community Action Plan implementation
 - > Community involvement (e.g. day care, etc.)

HST Community Action Teams Membership:

1. ***Builds on existing community efforts/leaders:*** Grassroot organizations, resident/parent/youth/volunteer networks, SPA/AIC Councils, County Board Offices, cities, schools (esp. Healthy Starts), faith/civic/community-based organizations, First 5 LA, Casey Family Programs, other philanthropic efforts, businesses/private sector, institutions of higher learning, etc.
2. ***A core team of County dept./agency representatives with direct authority over services/dept. resources in the demonstration community*** (e.g., DCFS Regional Administrator, DMH District Chief, DPSS District Director, Probation Director, equivalent DPH/DHS representatives, etc.). Unincorporated areas would require expanded County representation (e.g., CDC, Public Libraries, Parks and Recreation, DPW, etc.).
3. ***Core County Teams will serve as a direct conduit between community and the County's service system via the Community Action Teams.***

Community Action Teams will:

1. Build on existing efforts to supplement/develop a *shared* Community Action Plan that: (1) responds to community concerns/priorities; and, (2) integrates services and resources;
2. Jointly implement, monitor, and evaluate Action Plan related actions/activities;
3. Create opportunities for community members to enhance their leadership skills, take collective action, and more effectively use community assets/resources to improve their communities; and,
4. Identify/refer systemic policy, regulatory, operational/contractual constraints to service integration & community building efforts to the County's CAO, IOG, and NDTF for resolution.

ATTACHMENT II

Shared Community-County Outcomes, Indicators, and Strategies Vision: Healthier Communities, Stronger Families, and Thriving Children

Mission: Achieve improved outcomes for children and families through a partnership between communities and interdepartmental County Teams that integrate services/resources, and use a community building approach to address community concerns.

Potential
Indicators*
for:

CHILDREN

FAMILIES

COMMUNITIES

COMMUNITY BUILDING STRATEGIES & OUTCOMES

Examples of Community Action Team Activities

Crosscutting Strategies

Infrastructure

GOOD HEALTH	ECONOMIC WELL-BEING	SAFETY AND SURVIVAL	SOCIAL & EMOTIONAL WELL-BEING	EDUCATIONAL/WORKFORCE READINESS
<ul style="list-style-type: none">• More healthy births (decreased infant mortality, low birth weight).• Increase in children with health insurance.• Increased early childhood screenings (and necessary referrals).• Increase in the utilization of prenatal care within the first trimester of pregnancy.◦ Increased families with health insurance.◦ Increased access to regular source of care (fewer ER visits).◦ More families report good health status.	<ul style="list-style-type: none">• Increase in the number of children born into families who are above 200% of the FPL.• Increase in the number of eligible children who are enrolled into WIC services if needed.◦ More adults and young adults are employed.◦ More receive living wage.◦ Increased level of family income.◦ More eligible families file for/receive EITC and CDCTC.◦ Increased family assets and savings.	<ul style="list-style-type: none">• Decreased substantiated cases of child abuse/neglect.• Decreased child out-of-home care placement.• Decreased youth arrests for crime.• Decreased adult arrests for crime.• Decreased incidents of gang-related violence.◦ Decreased domestic violence incidents.◦ Increased minor/family reunification.◦ More parents and youth perceive schools and service facilities as safe.	<ul style="list-style-type: none">• Increased quality parent-child interaction.• Increased kinship/friendship ties.• Increased participation in school activities.• Increased competency in social skills (decision making, interpersonal skills, and conflict resolution).• Increased self-esteem.◦ Increased participation in school and/or community activities.◦ Increased parental knowledge re; child development and enhanced parental expectations for children (optimism).◦ Families spend more free time together (meals, activities).◦ Increase in safe and stable housing.	<ul style="list-style-type: none">• More children are ready for kindergarten.• Increased teenage high school graduation rate.• Enhanced perception about importance of good grades, positive behavior/habits, respect.• More students reading at grade level.◦ Increased access to quality, affordable child care.◦ More adults have high school diploma/GED.◦ More adults with education/ vocational training.
<ul style="list-style-type: none">➢ Increase in the number of area businesses that advertise for or assist with health insurance outreach and enrollment processes.	<ul style="list-style-type: none">➢ Increased number of neighborhood businesses employing neighborhood residents.	<ul style="list-style-type: none">➢ Improved neighborhood safety (less crime).➢ Zero tolerance for gangs/crime.	<ul style="list-style-type: none">➢ Increased number of family resource center establishments that are community-led.	<ul style="list-style-type: none">➢ Increased number of students graduating from area H.S.➢ Increased number/Variety of vocational training opportunities for adults/youth.
<div><div>Relationship- Based Community Organizing<ul style="list-style-type: none">➢ Increased voter registration and voting among parents and young adults.➢ Increase in families that communicate with their local, state, and national representatives.➢ Increased participation at public meetings, committees, and events among parents and youth.➢ CBOs, community groups, and families show increased involvement in community planning and problem solving (includes decisions regarding service delivery, shared outcomes/joint processes).➢ Increased advocacy-related activities initiated by community.</div><div>Social Networking<ul style="list-style-type: none">➢ Increased and more cohesive social networks.➢ More participation in block groups, neighborhood associations, and community/teen/parent action groups.➢ More adults and young adults receive jobs through community contacts.➢ Parents' knowledge and access to information and resources is growing.➢ Residents increasingly optimistic about where their neighborhood is heading.</div></div>				
Health insurance outreach/enrollment, developing a Promotoras network, early intervention/screening, primary health care providers, community health education, immunizations, prenatal care services	EITC/CDCTC Tax Credits, Job training and support, Financial planning discussion/seminar by community, Community networking events, local business partnerships, mentors	Family support, youth programs, parent education, community safety programs (neighborhood watch), JJCPA, peer support	Parent education, community activities, school and/or organization activities (i.e., school, sports, church, youth group), peer/social support.	Child care provider training, workforce training, education mentor/tutoring programs.
<div><div>Community Building<ul style="list-style-type: none">- Social Networking- Relationship-based community organizing (Asset Based Community Development)</div><div>Service Integration<ul style="list-style-type: none">- Increase collaborative planning and implementation.- Integrate data systems/data sharing.</div></div>				
<div>Community Action Teams: An interdepartmental County partnership with existing community collaboratives, leaders, and resources. Develops and implements a Community Action Plan (refer to Process Outline and Timeline).</div>				

* Selection of specific community/family/child indicators will be determined by the HST Community Action Teams. Indicators shown compiled from: Annie E. Casey Foundation's "Making Connections: A Neighborhood Transformation Family Development Initiative, National Survey Indicators Database, 2006; Los Angeles County's: Proposed Budget, 2006-2007; Children's Planning Council, Children's Scorecard; County Department of Public Social Services, Long-Term Family Self-Sufficiency Indicators, 1999-2000, and L.A. County Strategic Plan. (Last revised 5/7/2007 11:44 AM)

ATTACHMENT III

Sample of Planning and Evaluation Indicators and Data Collection Methods Healthier Communities, Stronger Families, and Thriving Children

Endorsed by NDTF on 5.08.07

Last saved: 6/7/2007 11:45 AM

All activities are to be determined by community and County partners (Community Action Teams). Once activities are determined, indicators and data collection methods will be selected (see process map). As a result of such activities, the indicators shown below are examples that describe desired outcomes within the following *seven strategic areas*: Good Health, Economic Well-Being, Safety and Survival, Social-Emotional Well-Being, Educational/Workforce Readiness, Community Building, and Service Integration.

Activity by Strategic Areas	Indicator	Group	Data Collection Method
1) Good Health			
Prenatal care, Promotora network	More healthy births (decreased infant mortality, low birth weight).	Child/Youth	DPH –MCAH “LAMB” Survey Hospital records, Parent Survey*
Outreach, education, assistance	More children and families have health insurance.	Child/Youth	DPH-MCAH Children’s Health Outreach Initiative Medi-Cal records, Parent Survey
Access and utilization of care, outreach, education	Increased screening and number of referrals for early intervention.	Child/Youth	First 5-ESDI Project Parent Survey
Access and utilization of care	Increased access to regular source of care (fewer ER visits).	Family	Parent Survey, ER records
Primary care, appropriate treatment, positive habits	More families report good health status.	Family	Parent Survey

2) Economic Well-Being			
Jobs, networking, business partnerships, economic development activities	More adults and young adults are employed.	Family	City Census Parent and Youth surveys
Jobs, training, economic development activities	More receive living wage.	Family	Parent Survey
Jobs, child care, transportation	Increased level of family income.	Family	Parent Survey, above FPL
Education, assistance	More eligible families file for and receive EITC and CDCTC.	Family	IRS, Parent Survey
Financial literacy, saving accounts	Increased family assets and savings.	Family	Parent Survey
Partnership with banks	Increase access to low-cost, high quality financial services.	Family	Environmental scan

3) Safety and Survival			
Referrals to hotline (prevent abuse), increase community awareness and action	Decreased substantiated cases of child abuse/neglect.	Child/Youth	DCFS, referral hotline
	Decreased incidents of adult/senior abuse	County	Financial Institutions mandated reporting of financial abuse
Family support, early intervention	Decreased child out-of home care placement.	Child/Youth	DCFS

*Surveys would be conducted pre/post (at beginning and end of pilot).

Activity by Strategic Areas	Indicator	Group	Data Collection Method
Family support, early intervention	Decreased youth arrests for violent crime.	Child/Youth	Probation, County data source
Job opportunities, early intervention	Decreased incidents of gang-related activity.	Child/Youth	Sheriff, County data source
Family support, counseling	Decreased domestic violence incidents.	Family	Sheriff, County data source
Early intervention, family support	Increased minor/family reunification.	Family	DCFS
Community-school-government partnerships, JJCPA, neighborhood watch	More parents and youth perceive schools and service facilities are safe.	Family	Parent and Youth surveys; County/ Probation data

4) Social and Emotional Well-Being

Peer support, parent support	Increased participation in school activities.	Child/Youth	Youth Survey
Parent-child positive interaction, encouragement, peer support, school support	Increased competency in social skills (decision making, interpersonal skills).	Child/Youth	Youth Survey
Community, family, school in partnership to address safety and create opportunities and rewards for academic success	Increased self-esteem	Child/Youth	Youth Survey
Neighborhood activities and organized groups	Increased participation in school and/or community activities.	Family	Parent and Youth surveys
Neighborhood, school partnerships	Enhanced parental expectations for children (optimism).	Family	Parent Survey
Family support –employer support	Families spend more free time together (meals, activities).	Family	Parent and Youth surveys
Affordable, quality housing	More safe and stable housing.	Family	Housing

5) Educational/Workforce Readiness

Early education programs, family child care, centers	More are ready for kindergarten.	Child/Youth	Early childhood education participation, DRDP, Parent Survey
Mentors, peer support, activities	Increased teenage high school graduation rate.	Child/Youth	School District
Mentors, peer support, parent involvement with child's education	Enhanced perception about importance of good grades, positive behavior/habits, and respect.	Child/Youth	Youth Survey
Parent involvement with education, school support	More students reading at grade level.	Child/Youth	Survey/ test scores
Increased child provider training, Parent knowledge about care	Increased access to quality, affordable child care.	Family	Environmental Scan, Parent Survey
Adult education programs (affordable, flexible)	More adults have high school diploma/GED.	Family	Adult school, Parent and Youth surveys
Job training (affordable, flexible)	More adults with education/vocational training.	Family	Adult school, Parent and Youth surveys

*Surveys would be conducted pre/post (at beginning and end of pilot).

Activity by Strategic Areas	Indicator	Group	Data Collection Method
6) Community Building			
Social Networking	<p>Increased and more cohesive social networks.</p> <p>More participate in block groups, neighborhood associations, and community action groups.</p> <p>More adults and young adults receive jobs through personal contacts.</p> <p>Parents' knowledge and access to resources is growing.</p> <p>Residents increasingly optimistic about where their neighborhood is heading.</p>	Community	Survey, focus group, observation
Community Organizing	<p>Increased voter registration and voting among parents and young adults.</p> <p>Increase in families that communicate with their local, state, and national representatives.</p> <p>Increased participation at public meetings, committees, and events among parents and youth.</p> <p>CBOs, community groups, and families show increased involvement in community planning and problem solving (decisions regarding service delivery, outcomes).</p> <p>Increased advocacy-related activities initiated by community.</p>	Community	Voting records, survey, focus group, observation, self-reports
7) Service Integration	<p>Collaborative planning and implementation.</p> <p>Pooled resources within/across institutions to focus on family and neighborhood outcomes.</p> <p>Integrated data systems; greater data sharing.</p> <p>Simplified administrative processes.</p>	Community-County Government	<p>Observation/case study report</p> <p>Total dollar amount and source per outcome area.</p> <p>Number of integrated data systems</p> <p>Number of improved processes</p>

ATTACHMENT IV

Healthier Communities, Stronger Families, and Thriving Children: community dynamics, resources, and services.

